

UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA

**RECEIVED**  
**BY MAIL**

OCT 30 2014

TANYA R. LANGAMA Plaintiff(s),

vs.

Dr. Henry Buchwald  
Fairview University Hospital

CLERK, U.S. DISTRICT COURT  
ST. PAUL, MN

Case No. \_\_\_\_\_  
(To be assigned by Clerk of District Court)

14cv4562 DWF/FLN

DEMAND FOR JURY TRIAL

YES ☒ NO ☐

Defendant(s).

(Enter the full name(s) of ALL defendants in  
this lawsuit. Please attach additional sheets  
if necessary).

ALL Defendants are attached.

COMPLAINT

PARTIES

1. List your name, address and telephone number. Do the same for any additional plaintiffs.

a. Plaintiff

Name TANYA Renee Langama  
Street Address 5501 Boone Ave N#202  
County, City Hennepin, New Hope  
State & Zip Code Minnesota, 55428  
Telephone Number 612-207-4014

2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

a. Defendant No. 1

Name Dr. Gregory U. Vitas / North Memorial  
Street Address 3300 Oakdale Ave N.  
County, City Hennepin Robbinsdale  
State & Zip Code MN 55422

b. Defendant No. 2

Name Dr. Nathan Noznesky / North Memorial  
Street Address 3300 Oakdale Ave N.  
County, City Hennepin, Robbinsdale  
State & Zip Code Mn 55422

c. Defendant No. 3

Name Fairview University UofM Hospital / Dr. Henry Buchwald  
Street Address EAST Bank 500 Harvard St.  
County, City Hennepin, Minneapolis  
State & Zip Code MN 55422

**NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.**

Check here if additional sheets of paper are attached: ☒

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)

"(Attorney Attachment)"

DAVID D. ALSOP  
701 Xenia Ave. S. Ste. 500  
Minneapolis, MN 55416  
(763)-225-6000

**RECEIVED  
BY MAIL**

OCT 30 2014

CLERK, U.S. DISTRICT COURT  
ST. PAUL, MN

Corinne Ivancik  
3900 Northwoods Drive  
Suite 200  
St. Paul, MN 55112-6966  
(651) 789-2203

Tanya Longman

10-21-2014

Retained

- ① David D.A. LSOP
- ④ Dr. Henry Buchwald (Defendant)
- ⑤ Fair View Hospital UOPM (Defendant)

Retained

Corinne Ivancs

- ⑤ Noznesky, Nathan (Defendant)
- ⑥ Noznesky, Norman (Defendant)
- ⑦ Vitas Gregory I (Defendant)

Tanya Langkamp

10-21-2014

## JURISDICTION

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Question

☐ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply.

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name:

State of Citizenship:

Defendant No. 1:

State of Citizenship:

Defendant No. 2:

State of Citizenship:

**Attach additional sheets of paper as necessary and label this information as paragraph 5.**

**Check here if additional sheets of paper are attached.** ☐

6. What is the basis for venue in the District of Minnesota? *(check all that apply)*

☒ Defendant(s) reside in Minnesota

☒ Facts alleged below primarily occurred in Minnesota

☐ Other: explain

## STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

7. Subsequent devastating complication. His treatment did not meet the standard of care required by a general surgeon with his experience.
- ⑧ 21. Dr. Vitas examined Mrs. Langana on March 7th 2008. The clinical history and presentation warranted immediate emergency surgery. Instead he elected to repeat her CT scan even in the face of a bloody stool which would suggest intestinal ischemia. If there was any chance to reverse her ischemia it would be with emergent, immediate surgical intervention. This delay resulted in the devastating complication he discovered when he operated on her.
- ⑨ It is my opinion that Mrs. Langana's medical problems with short bowel syndrome are the result of the failure of Dr. Noznesky and Dr. Vitas to operate on her maternally. ⑩ Had she been taken to the operating room on March 7, 2008, the volvulus would have been corrected and she would have lost no bowel. Her short bowel syndrome, which will plague her for the rest of her life, is the result of this failure to act.

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

#### REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

I would like the Courts to please allow me a jury trial. I also would like a monetary compensation of \$25,000,000 plus interest from the date of hospitalization. I would also like to have no hard feelings or punishment from the hospitals. I would like my compensation to be ordered all in one payment with in ONE week as well.

Signed this 21<sup>st</sup> day of October

Signature of Plaintiff Sanya Rende Sanyana

Mailing Address 5501 Boone Ave North #202  
New Hope, MN 55428

Telephone Number 612-207-4014

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.